## BEST AVAILABLE CORY

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

JP920000314WV

| CLAIMS AS FILED - PART I                                                              |                                                 |                                           |                 |                               |                       | 7.                            | SMALL ENTITY |                     |                        |                 | OTHER               | THAN                   |
|---------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------|-----------------|-------------------------------|-----------------------|-------------------------------|--------------|---------------------|------------------------|-----------------|---------------------|------------------------|
| T=2                                                                                   |                                                 |                                           | (Column 1)      |                               | (Column 2)            |                               | 1            | TYPE                |                        | OR              | SMALL               | ENTITY                 |
| TOTAL CLAIMS                                                                          |                                                 |                                           | 13              |                               |                       |                               |              | RATE                | FEE                    |                 | RATE                | FEE                    |
| FOR                                                                                   |                                                 |                                           | NUMBER FILED    |                               | NUMBER EXTRA          |                               |              | BASIC FEE           | 355.00                 | OR              | BASIC FEE           | 710.00                 |
| TOTAL CHARGEABLE CLAIMS                                                               |                                                 |                                           | ( 3 minus 20=   |                               | . 6                   |                               |              | X\$ 9=              |                        | OR              | X\$18=              |                        |
| INDEPENDENT CLAIMS                                                                    |                                                 |                                           | minus 3 =       |                               | * <b>p</b>            |                               |              | X40=                |                        | OR              | X80=                |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                      |                                                 |                                           |                 |                               |                       |                               |              | +135=               |                        | OR              | +270=               |                        |
| * If                                                                                  | the difference                                  | in column 1 is                            | less than ze    | ro, entei                     | r "0" in c            | olumn 2                       | •            | TOTAL               |                        | OR              | TOTAL               | 710                    |
| CLAIMS AS AMENDED - PART II                                                           |                                                 |                                           |                 |                               |                       |                               |              |                     |                        | •               | OTHER               | THAN                   |
| -                                                                                     |                                                 | (Column 1)                                | (Column 2)      |                               |                       | (Column 3)                    | small Entity |                     |                        | OR SMALL ENTITY |                     |                        |
| AMENDMENT A                                                                           |                                                 | CLAIMS REMAINING AFTER AMENDMENT          |                 | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY          | PRESENT<br>EXTRA              |              | RATE                | ADDI-<br>TIONAL<br>FEE |                 | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                       | Total                                           |                                           | Minus           | **                            |                       | =                             |              | X\$ 9=              | • • •                  | OR              | X\$18=              |                        |
|                                                                                       | Independent                                     | • A SOURCE ME                             | Minus           | ***                           | T OL 4194             | =                             |              | X40=                |                        | OR              | X80=                | in the second          |
| ٠,٠                                                                                   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |                                           |                 |                               |                       |                               |              | _+135=_             | in frage               | OR              | +270 <del>=</del>   |                        |
| All AV                                                                                |                                                 |                                           |                 |                               |                       | in ilay in 1929 or in Marini. | . inda       | TOTAL               | ्र (रहे दें)<br>र      | OR              | TOTAL<br>ADDIT: FEE |                        |
|                                                                                       |                                                 |                                           | ADDIT. FEE      |                               | *                     | ADDITUTES                     | 1.00         |                     |                        |                 |                     |                        |
|                                                                                       | PC House, WAS CONT.                             | (Column 1)                                |                 | 1000000                       | IEST                  | (Column 3)                    | 1 r          |                     | ADDI-                  |                 | 30.5x               | ADDI-                  |
| AMENDMENT B                                                                           |                                                 | REMAINING<br>AFTER<br>AMENDMENT           |                 | PREVI                         | OUSLY                 | PRESENT<br>EXTRA              |              | RATE                | TIONAL<br>FEE          |                 | RATE                | TIONAL                 |
|                                                                                       | Total                                           |                                           | Minus.          | **                            |                       | <b>=</b> .                    | 1. South     | X\$ 9=              | in the second          | OR              | X\$18=              |                        |
|                                                                                       | Independent                                     |                                           | Minus           | ***                           | F OL AINA             |                               |              | X40=                |                        | OR              | ∑=08X               |                        |
|                                                                                       | FRST PRESENTATION OF MULTIPLE DEPENDENT         |                                           |                 |                               | CLAIM                 |                               |              | +135=               |                        | OR              | +270=               |                        |
|                                                                                       |                                                 |                                           |                 |                               |                       |                               | L            | TOTAL<br>ADDIT. FEE |                        | OR              | TOTAL<br>ADDIT. FEE |                        |
|                                                                                       |                                                 | (Column 1)                                |                 | (Colu                         | mn 2)                 | (Column 3)                    |              | ODII. FEE           |                        |                 | ADDII. FEE          |                        |
| AMENDMENTC                                                                            |                                                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGH                          | IEST<br>IBER<br>OUSLY | PRESENT<br>EXTRA              |              | RATE                | ADDI-<br>TIONAL<br>FEE |                 | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                       | Total                                           | •                                         | Minus           | ** .                          |                       | =                             | ] [          | X\$ 9=              |                        | OR              | X\$18=              |                        |
|                                                                                       | Independent                                     | •                                         | Minus           | ***                           |                       | =                             | П            | X40=                |                        | OR              | X80=                |                        |
| L                                                                                     | FIRST, PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                 |                               |                       |                               |              |                     | 1                      |                 |                     |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                                                 |                                           |                 |                               |                       |                               |              |                     |                        | OR              | +270=               |                        |
| , .**                                                                                 | If the "Highest Nu                              | mber Previously Pa<br>imber Previously P  | aid For IN THIS | SPACE                         | is less tha           | n 20, enter "20.              | • •          | TOTAL<br>ODIT. FEE  |                        | OR              | TOTAL<br>ADDIT. FEE |                        |
|                                                                                       |                                                 | imber Previously Pa                       |                 |                               |                       |                               | er fou       | nd in the app       | oropriate bo           | k in co         | lumn 1.             |                        |